

Exhibit A

P.O. BOX 5914
TROY MI 48007-5914
RETURN SERVICE REQUESTED



↑ PLEASE DO NOT SEND PAYMENTS OR ↑
CORRESPONDENCE TO THE ABOVE ADDRESS



P8E0G300303982 -547630116 107964
DANIEL FIDDICK JR
209 WINDING RD
FRIENDSWOOD TX 77546-2110



BAY AREA CREDIT SERVICE

P.O. BOX 467600,
ATLANTA GA 31146
800-895-3116

Phone Hours: Mon. - Fri.: 8AM - 12AM ET
Saturday: 8AM - 7PM ET
Office Hours: Mon. - Fri.: 8AM - 5PM ET

BACS Account #:	SEE SUMMARY
Creditor:	SEE SUMMARY
Creditor Account #:	SEE SUMMARY
Date of Service:	SEE SUMMARY
Principal Assigned:	SEE SUMMARY
TOTAL DUE:	\$ 2,126.00



MAY 25, 2018

ACCOUNT NOTIFICATION

Dear Customer,

The accounts referenced in the SUMMARY section have been assigned to BAY AREA CREDIT SERVICE (BACS) for collection.

If you are covered by an insurance plan or provider that has not already paid this debt or any portion of this debt, please contact our office so we may assist you in getting this claim resolved.

You may remit payment by mail to: **BAY AREA CREDIT SERVICE P.O. BOX 467600 ATLANTA GA 31146**

Please ensure the Reference number and Creditor name are included on your check or money order.

Additionally, you can make payment in full by using your checking account, debit card or credit card by visiting our website at www.bayareacredit.com/pay or over the phone by calling 800-895-3116.

If you are not able to pay the balance, or if you have questions, please call us at 800-895-3116.

As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Sincerely,

HOVG, LLC dba Bay Area Credit Service (BACS), 4145 Shackleford Road, Suite 330B, Norcross, GA 30093

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR AND ANY INFORMATION WE OBTAIN WILL BE USED FOR THAT PURPOSE.

SEE REVERSE SIDE FOR IMPORTANT CONSUMER INFORMATION.

In order to credit your account properly, you must return this bottom portion with your payment.

If you wish to make a payment on the web go to: www.bayareacredit.com/pay.

You may mail your payment for processing to BAY AREA CREDIT SERVICE, P.O. BOX 467600, ATLANTA GA 31146.

If you have any questions or would like to pay by phone, call 800-895-3116.

NAME: DANIEL FIDDICK JR
Reference # 51598197
Creditor: SEE SUMMARY
Creditor Account #: SEE SUMMARY
TOTAL DUE: \$ 2,126.00

**PLEASE SEND ALL PAYMENTS AND
CORRESPONDENCE TO THE ADDRESS BELOW:**



BAY AREA CREDIT SERVICE
P.O. BOX 467600
ATLANTA GA 31146

CONSUMER RIGHTS

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor if different from the current creditor.

DERECHOS DEL CONSUMIDOR

A menos que usted le notifique a esta oficina dentro de 30 días después de que recibió este aviso que usted reclama la validez de la deuda o cualquier parte de la misma, esta oficina dará por hecho que la deuda es válida. Si usted le notifica a esta oficina por escrito en 30 días de recibir este aviso que usted reclama la validez de la presente deuda o cualquier parte de la misma, la oficina obtendrá verificación de la deuda u obtendrá una copia del dictamen y le remitirá una copia de dicho dictamen o verificación. Si usted le solicita a esta oficina por escrito dentro de 30 días de recibir este aviso, esta oficina le proveerá el nombre y domicilio del acreedor original si es diferente al acreedor actual.

ADDRESS OR NAME CORRECTION

WORK PHONE NO. _____ HOME PHONE NO. _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SUMMARY

CREDITOR	CREDITOR ACCT/BACS ACCT	DATE OF SERVICE	PRINCIPAL AMOUNT
CARVER PARK EMERGENCY PHY	009676514132/51598197	01-20-18	71.00
CARVER PARK EMERGENCY PHY	009676514132/51597967	01-20-18	2,055.00
TOTAL DUE			2,126.00

